

Parolee Statement of Financial Hardship

The Board of Parole Commissioners is committed to ensuring that offenders granted the privilege of parole pay all court ordered restitution to victims. As a condition of parole, the board ordered that you make monthly payments to compensate the victims of your crime for the financial loss they suffered. If you are unable to pay the monthly amount of restitution as specified, it is your responsibility to advise the board through your parole officer of your inability to pay. Failure to make restitution payments when you have the ability to pay is a violation of your parole and you may be returned to prison as a parole violator if you refuse to do so.

You must accurately provide the following information in order for the board to consider your request to reduce the monthly restitution payments. Falsifying the requested information is a violation of the terms and conditions of your parole. You must provide verification as requested by the Division of Parole and Probation. The Division will also independently verify the information you provide.

Monthly Income (approximate)		Monthly Expenses (Approximate)	
Regular Job (+ tips)	\$ _____	Rent/House Payment	\$ _____
Part Time Job	\$ _____	Utilities	\$ _____
Spouse's Income	\$ _____	Food/Clothing	\$ _____
Social Security	\$ _____	Car Payment	\$ _____
Unemployment Comp	\$ _____	Gasoline/etc.	\$ _____
Workman's Comp	\$ _____	Car Insurance	\$ _____
Child Support	\$ _____	Health Insurance	\$ _____
ADC Benefits	\$ _____	Child Care	\$ _____
Alimony	\$ _____	Child Support	\$ _____
General Assistance	\$ _____	Attorney Fees	\$ _____
Food Stamps	\$ _____	Salary Garnishment	\$ _____
_____	\$ _____	Medical Bills	\$ _____
_____	\$ _____	Credit Cards	\$ _____
_____	\$ _____	Loans	\$ _____
_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Total	\$ _____	Total	\$ _____

Other Assets (cars, cash, property, homes, jewelry, tools, etc.) _____
 TOTAL OTHER ASSETS: \$ _____

Total Income: \$ _____ Indicate how much you believe you
 Total Expenses: \$ _____ can afford to pay monthly: \$ _____

I affirm under penalty of perjury the information I have provided is true and complete to the best of my knowledge.

SIGNED _____ PRINT NAME: _____ DATE: _____

NDOP #: _____